



RADIATION MACHINE REGISTRATION CHANGE OF STATUS NOTIFICATION

To indicate a change of status relative to the registration of radiation machines, please complete the appropriate sections and forward to the address shown on the reverse side of this form.

Facility Name: _____

Registration #: _____ - _____ - _____

☐ New Radiation Machine, request registration form.

☐ I have placed an X-ray machine in Storage:

Use information found on Radiation Machine Registration Form:

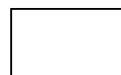
Mach ID	Manufacturer	Date (placed in storage)

☐ I have transferred/sold/junked an X-ray machine:

Use information found on Radiation Machine Registration Form:

Mach ID	Manufacturer	Action taken: (If sold or transferred indicate name of purchaser)

Signature: _____ Date: _____



North Dakota Department of Health
Division of Air Quality
Radiation Control Program
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